

Scrutiny for Policies, Adults and Health Committee

Wednesday 4 December 2019

11.15 am Taunton Library Meeting Room,
Paul Street, Taunton, TA1 3XZ



To: The Members of the Scrutiny for Policies, Adults and Health Committee

Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr M Caswell, Cllr A Govier, Cllr B Revans, Cllr A Bown and Cllr G Verdon

All Somerset County Council Members are invited to attend meetings of the Cabinet and Scrutiny Committees.

Issued By Scott Wooldridge, Strategic Manager - Governance and Risk - 26 November 2019

For further information about the meeting, please contact Jennie Murphy on 01823 357628, JZMurphy@somerset.gov.uk or Julia Jones 01823 355059, JJones@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Section 100A (4) of the Local Government Act 1972.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers



RNID typetalk

AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 11.15 am Wednesday 4 December 2019

**** Public Guidance notes contained in agenda annexe ****

1 **Apologies for Absence**

- to receive Member's apologies.

2 **Declarations of Interest**

Details of all Members' interests in District, Town and Parish Councils will be displayed in the meeting room. The Statutory Register of Member's Interests can be inspected via the Community Governance team.

3 **Minutes from the previous meeting held on 06 November 2019** (Pages 5 - 12)

The Committee is asked to confirm the minutes are accurate.

4 **Public Question Time**

The Chairman will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting. **These questions may be taken during the meeting, when the relevant agenda item is considered, at the Chairman's discretion.**

5 **CCG Quality, Safety and Performance Report** (Pages 13 - 30)

6 **Adult Social Care Performance Report** (Pages 31 - 40)

7 **Annual Report of the Public Health Director** (Pages 41 - 42)

8 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 43 - 44)

To receive an update from the Governance Manager, Scrutiny and discuss any items for the work programme. To assist the discussion, attached are:

- The Committee's work programme
- The [Cabinet Forward Plan](#)

9 **Any other urgent items of business**

The Chair may raise any items of urgent business.

Guidance notes for the meeting

1. Inspection of Papers

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Jennie Murphy on Tel: 01823 359500 or 01823 355529 or Email: jzmurphy@somerset.gov.uk or democraticservices@somerset.gov.uk They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

2. Members' Code of Conduct requirements

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: <http://www.somerset.gov.uk/organisation/key-documents/the-councils-constitution/>

3. Minutes of the Meeting

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Committee will be asked to approve as a correct record at its next meeting.

4. Public Question Time

If you wish to speak, please tell Jennie Murphy the Committee's Administrator - by 5pm, 3 clear working days before the meeting (28 November 2019). All Public Questions must directly relate to an item on the Committee's agenda and must be submitted in writing by the deadline.

If you require any assistance submitting your question, please contact the Democratic Services Team on 01823 357628.

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chair may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

5. Exclusion of Press & Public

If when considering an item on the Agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

6. Committee Rooms & Council Chamber and hearing aid users

To assist hearing aid users the Committee meeting rooms have infra-red audio transmission systems.

7. Recording of meetings

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone wishing to film part or all of the proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chair can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council's Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Taunton Library Meeting Room, Paul Street, Taunton, TA1 3XZ, on Wednesday 6 November 2019 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr P Clayton, Cllr M Caswell, Cllr A Govier, Cllr B Revans and Cllr A Bown

Other Members present: Cllr M Chilcott, Cllr D Huxtable, Cllr T Munt, Cllr Bloomfield, Cllr D Ruddle

Apologies for absence: Cllr M Healey, Cllr G Verdon and junior Cabinet Member for Adult Social Care Cllr G Fraschini

222 Declarations of Interest - Agenda Item 2

There were no new declarations of Interest.

224 Minutes from the previous meeting held on 02 October 2019 - Agenda Item 3

The minutes were agreed with the addition of the following:-

- Concerns were raised with the issue of safety from the CQC reports
- The next report considered would include the scorecard usually included.

225 Public Question Time - Agenda Item 4

There were no public questions.

226 Proposal to write a letter of support regarding public consultation - acute mental health inpatient beds - Agenda Item 5

This item was not considered as a result of guidelines and restrictions on decision making and publicity during the pre-election period.

227 Mental Health Social Care Scrutiny Update - Agenda Item 6

The update was presented by Dave Partlow, Strategic Manager for Mental Health Social Care and Candy Worf, Senior Commissioner for Mental Health

The Committee was informed that the Adult Social Care (ASC) services that supported people with Mental Health needs was continuing to develop in line with the Council Promoting Independence strategy. The service continued to focus on the transformation to ensure that services were well aligned with other ASC services and that opportunities were maximised to promote the independence and mental well-being of the people of Somerset.

All ASC services had a vision which was promoting independence at every opportunity. Within Mental Health, this vision was often translated into the Recovery Model. The recovery model was a person-centered approach to mental health care. At its core is two premises:-

It is possible to recover from a mental health condition. The most effective recovery is person centred.

In Somerset, the strengths-based approach focused on the strengths of the individual, their family, social networks and communities. Also, central to the approach, is what mattered to individuals and their families. Empowering people to take control of their lives and their care and support, work with people and their communities to identify and provide sustainable local solutions to help them stay as well as possible and as resilient and as independent as possible, for as long as possible.

There had been a clear focus of Mental Health teams on promoting Independence and Recovery. However, transformational change was necessary to ensure that our Mental Health services could identify and work with people and families even earlier. More flexible and varied support aimed to prevent rather than respond. Mental Health services were now in a position where transformation could be escalated to develop the provision of Mental Health social care so that the service could better meet needs of the current population, respond to the changing needs and demographic with that great focus on prevention as well as providing services to those who need them, for example people with dementia.

- There was some discussion among committee members which included the following points: Mental Health referrals and single point of contact moving from children's to adults services was considered and requested to be added to the document. It was recognised that improvements could be made.
- Those with mental health needs were monitored to consider when mental health escalations were foreseeable, and contact could be made to provide help and support towards recovery.
- Providing reassurance and practical solutions with tiers of support was required, social workers were mental health trained but referrals could be made to mental health social work teams when additional support was required.
- Mental Health support social workers had been provided to A&E response call centre operatives. The majority of individuals with mental health issues were known to mental health social work teams, Village and Community agents were up to speed on dementia issues.

Mental Health transformation was monitored through the Transformation Board.

Officers were commended on the work undertaken and a positive piece of work. Members of the Committee were encouraged to visit the local workshops. Assistance to communities to find solutions to improve the quality of housing access was important in influencing mental health needs.

The Committee:-

1. Noted the progress against the transformation programme being monitored through the Adults Transformation Board and requested a further update in six months.
2. Supported the Mental health transformation plan.

228 Value for Money: Tracker and Social Care Experts Review 2018/19 - Agenda Item 7

The Chair invited the Cabinet Member for Resources Cllr Mandy Chilcott and Strategic Finance Manager Jason Vaughn to introduce the report. Members were informed the Audit Committee considered the Council's external auditors (Grant Thornton) value for money conclusion for 2018/19 at its meeting on 19 September 2019. In reaching the improved value for money conclusion for 2018/19, the external auditor sought additional assurance from social care experts from Grant Thornton, over the embeddedness of the arrangements in respect of sustainable resource deployment for adult and children's social care services.

The experts report was used by the auditor to inform their overall value for money conclusion and management actions had been incorporated into the new VFM tracker presented to the Audit Committee on 19 September 2019.

The report from Grant Thornton and the VFM tracker developed by the Council in response to the overall VFM conclusion were attached in Appendix A and B and determined how they might review progress during the year for the actions that were relevant to this Committee.

There was a section on Adults Services with some useful benchmarking comparisons. The overall vfm experts opinion for Adults Services concluded that there was a very low risk to the delivery of the MTFP for Adults services.

The review identified a few areas for further action in strengthening the council's financial resilience for adults and children's social care and management actions had been incorporated into the VFM tracker that was presented to the Audit Committee on 19 September 2019. Progress would be reported to each Audit Committee during 2019/20. A copy of the tracker was attached for consideration. There were two VFM actions being VFMY20011 and VFMY20012 that had specific actions relating to Adults Services which the Committee is asked to consider how they can best review progress against them during the year.

There was some discussion among members and the following points were raised:

- The VFM trackers VFMY20011 and VFMY20012 set out in Appendix B was considered along with how this could be monitored in future.

- Comparisons with benchmarking data was requested to include what good performance looks like and with comparison with neighbouring areas.
- There was positive news that demand had reduced by 59% compared to most parts of the country.
- As part of the transformation plan, councillors would be invited to go
- and see what good looks like throughout the service. Visits were important for councillors to consider the service in a different format.
- Progress would be considered in the New Year along with a list of suggestions for site visits.

The Committee considered and commented on the Grant Thornton experts report (Appendix A) alongside the VFM tracker (Appendix B) and determined how they might review progress during the year for the actions relevant to this Committee.

229 **Scrutiny Review Report - Agenda Item 8**

Scrutiny Manager Jamie Jackson introduced this item and highlighted the main points from this report. Member were reminded that effective scrutiny helped secure the efficient delivery of public services to drive improvements within the Council and, if done well, amongst other public service providers too. While scrutiny had matured in Somerset over the years, it still faced challenges.

As part of organisational transformation and taking forward Peer Challenge recommendations, the Council had undertaken a thorough review of its scrutiny function. The review considered best practice from other councils and the latest Government statutory guidance in May 2019. The review had also involved working with the Centre for Public Scrutiny (CfPS). Their covering report along with final review report (set out as Appendix A) provided the Committee with an opportunity to consider a series of recommendations and suggested any further developments they consider appropriate.

The majority of the recommendations in the report combined both the short-term improvements that could be taken forward from the CfPS report along with recognising that necessary cultural improvements were required to develop and embed better scrutiny form part of a longer-term programme of work commencing before the end of 2019 through until March 2021.

The Council undertakes an annual review of its democratic arrangements and its Constitution to ensure they remained fit for purpose for the organisation to meet its legal duties.

The Communities and Local Government Select Committee undertook an inquiry into the effectiveness of scrutiny in local government in 2017. The select committee's report identified a number of areas for improvement. This work has led to the development of the new statutory Scrutiny Guidance which was published in May 2019.

While Scrutiny had matured in Somerset over the last decade, it still faced challenges. This included officer driven agendas, scrutiny committees being used as a 'tick box' for agreeing new policy and not providing the committees

the opportunity to add value, limited member engagement, overcrowded agendas and work programmes.

The Peer Challenge in 2018 identified, as one of the key recommendations, that 'Somerset County Council should review its scrutiny arrangements as part of making it more effective, ensuring all councillors were equipped to play an active role and contribute to the policy making and key decisions affecting the future of Somerset's residents and the council, and that its governance arrangements are reflective of this.'

In parallel, as part of the organisational transformation work it was recognised there was a need to improve the Council's scrutiny arrangements. As a result the Council commissioned the nationally renowned Centre for Public Scrutiny to carry out an independent review of the scrutiny function at SCC between March and May 2019. This involved attending all 3 Scrutiny Committees (Place, Adults and Health and Children and Families) during April and conducting a Member survey, before producing an initial draft report in late May. This was subsequently reviewed with the Leader, Deputy Leader and Scrutiny Chairs and Vice Chairs in June.

Following receipt of the draft Scrutiny Review report the Leader and the 3 Scrutiny Chairs agreed that the next step should involve an all member workshop to discuss the report, the recommendations within and consider these alongside the recently issued national guidance and the council's transformation work. The workshop was held in September, where members received an introductory briefing on the recently published statutory Scrutiny guidance for councils, an appraisal of the scrutiny arrangements and scrutiny resources at Devon County Council, provided a valuable opportunity for members to discuss the ideas and opportunities to make scrutiny more effective. The workshop provided the opportunity for members to discuss the Centre for Public Scrutiny's report and other ideas that members had for improving scrutiny prior to the report formally considered at all 3 Scrutiny Committees in November, as well as Cabinet, ahead of the recommendations being presented to Full Council in November.

One of the main areas of focus discussed by the Members present, was that the report was focusing on an ideal scenario for 'pure scrutiny' and did not necessarily completely reflect the reality of day to day Local Authority and Committee working styles and politics. There was also concern raised that the report was in parts generic and Members felt that what the Council adopts should be more Somerset specific.

The cultural work that had been identified would require a more gradual introduction, as members assumed more ownership with the work programme, actively suggest and pursue items they wished to be considered, as well as Cabinet and officers making greater use of utilising Scrutiny as a sounding board early in policy development and consider their recommendations when shaping decisions and focusing on outcomes. There would also be an emphasis of greater ownership and engagement by all Scrutiny Committee Members, as well as a depoliticising of Scrutiny where possible, for example removing the need for political group pre-meetings and replacing with pre-

meetings for all Committee members, to agree themes of questioning and specific areas of interest.

The cultural transformation required, improved work planning and policy advice support would require dedicated officer resources in addition to what the council provided through the Democratic Services Team. The Strategic Manager, Democratic Services has reviewed other councils and the CfPS recommendations and has identified, as a minimum, the need for an additional scrutiny support officer within the Democratic Services team. This additional officer resource and training resources for members were an integral part of the recommendations as they will be essential to support successful implementation by March 2021 and will have specific responsibility for policy research, liaison with members and officers throughout the Authority and scrutiny training and development.

The Committee then discussed a number of points including:

- Observations that had been made across three Scrutiny meetings was that there was already some progress on many of the recommendations from the CFPS. It was recognised that further work was required in relation to attendance and work programmes.
- Site visits were felt to be more interesting and informative as opposed to self-generating reports.
- It was acknowledged that generating public interest was an issue.
- Briefings could be issued on areas of interest to the committee to inform councillors on issues in between committee meetings.
- Members of the committee requested earlier consultation on policy development to encourage committee influence at an earlier stage ahead of Cabinet and decision-making meetings.
- Co-opted member involvement was considered as a potential opportunity and it was agreed to explore this further
- Involving other councils and public sector partners would provide greater opportunity for example a Joint Scrutiny Committee focused on Housing Provision and Health, involving other districts in the county
- Working with Dorset and Devon County Council on areas of mutual interest such as Climate Change and 5G could be pursued where there could be joint discussion on national topics.
- The Chair was in favour of informal meetings with the committee agreeing the priorities of the committee and additions to the work programme and add greater flexibility to how the scrutiny committee works.
- The Scrutiny manager would provide an update of the progress of the changes implemented

The Committee:

1. Endorsed and recommended to Full Council that the Council implements a programme of cultural transformation and improvements to its scrutiny arrangements by March 2021, including the provision of additional resources in

the Democratic Services Team and members training budgets to deliver the enhanced scrutiny arrangements;

2. Endorsed 10 of the 11 recommendations within the Centre for Public Scrutiny's 'Supporting governance, scrutiny and member support in Somerset County Council' report as detailed on pages 9 and 10 of Appendix A; The Committee agreed to an alteration to Recommendation 6 within the CfPS report and limit the number of agenda items to an absolute maximum of 4, rather than two as currently recommended, as this more accurately reflected the current position of the Authority and the size of the workload.

3. Considered and made further recommendations it considered appropriate to include as part of the Scrutiny Review with reference to the Government's new statutory guidance, best practice from other councils and the members workshop held in September 2019;

4. Supported all recommendations relating to the Scrutiny Review being recommended by Full Council at its next meeting and for the improvements to be taken forward from January 2020 to March 2021;

5. agreed there should be a quarterly progress report on the improvements and review of scrutiny arrangements.

230 Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 9

The Committee considered and noted the Council's Forward Plan of proposed key decisions The following changes were made:-

- A Mental Health Social Care Update would be considered in six months.
- The Fit for my Future Programme Update would be considered in January due to guidelines and restrictions on decision making and publicity during the pre-election period.

231 Any other urgent items of business - Agenda Item 10

There were no other items of business.

(The meeting ended at 11.42 am)

CHAIR

This page is intentionally left blank

Integrated Quality, Safety and Performance

Lead Officer: Sandra Corry Director of Quality and Nursing and Alison Henley Director of Finance

Author: Deborah Rigby Deputy Director Quality and Safety, Somerset Clinical Commissioning Group and Michelle Skillings Head of Performance, Somerset Clinical Commissioning Group

1 Background

- 1.1.** This paper provides an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance. The CCG has established performance monitoring meeting with all providers of healthcare services, this paper gives a summary of the escalation issues for quality, safety and performance against the constitutional and other standards for the period April to September 2019.

Full NHS Somerset CCG Quality and Performance report including dashboard is available on: <https://www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/gb-17-september-2019/> Performance, Quality and Safety Exception Report (ENC I)

Issues for Consideration/Recommendations

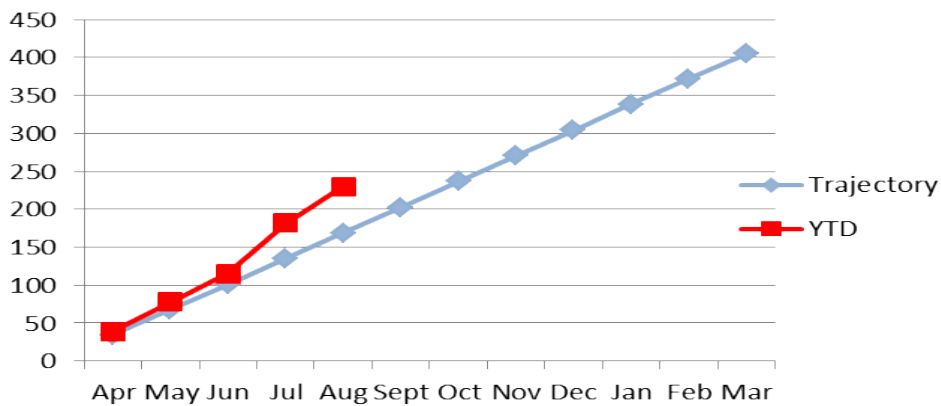
Scrutiny Committee are invited to consider and comment upon this paper.

2 Key Areas of Focus include:

2.1 Infection Prevention and Control:

- The UK five year action plan for antimicrobial resistance 2019-24 was published earlier this year.
- Tackling anti-microbial resistance (AMR) is a global concern for human health and working together is essential to ensure antibiotics remain effective so we can continue to be able to treat our patients where there is a clinical need.
- The CCG has nominated an AMR Senior Responsible Officer (SRO) for the strategic executive oversight and leadership to implement a cross system agenda that is collaborative and inclusive of both health and social care colleagues.
- More than 50% of E-Coli infections occur in people outside of hospital settings. A goal has set for a 50% reduction by March 2024 with a 25% reduction by March 2021.
- To “dip or not to dip” a Quality Improvement evidenced-based algorithm for diagnosis of urinary tract infections (UTI) instead of reliance in urine dip-sticks (which has low threshold for anti-biotic treatment) is being rolled out across the system, including Care Homes.

Somerset E Coli BSIs 2019-20

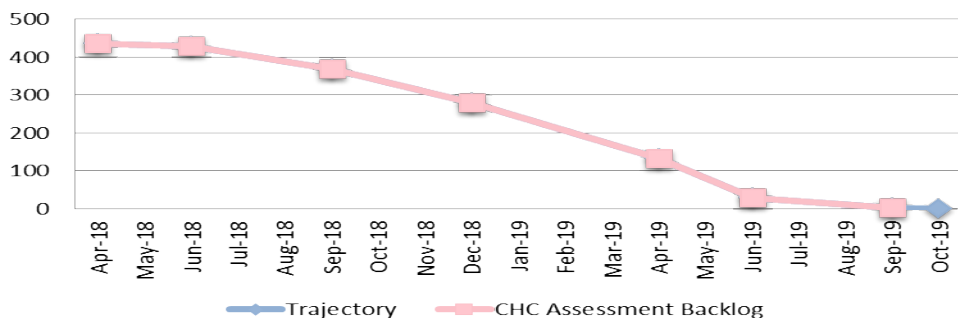


2.2 Continuing Healthcare (CHC):

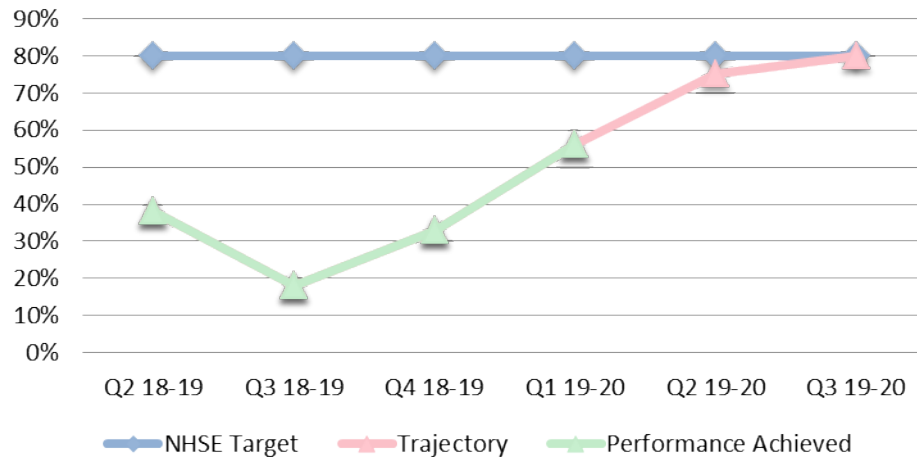
- In April 2018, a historic backlog of 436 assessments was first identified. Since then the assessment backlog has been reduced significantly (-99.81%), with one assessments remaining as at 1 October 2019.
- Somerset performance against NHS England’s 28 Day Quality Premium (Target 80%) has significantly increased, with performance output recorded for July 2019 at 78% and August 2019 at 75%.
- The impact of the LD position in relation to protracted assessments will continue to impact on the likelihood of attainment, as this cohort makes up approximately 20% of the CHC case load.
- The 2019-20 CHC/FNC* budget is set at £47.997m, an increase of 2.4% compared to 2018-19, the £2.5m year to date (YTD) overspend comprises £1.9m back dated payments associated with clearance of the 450 plus historic assessments which reduced focus on timely assessments causing an additional £1.4m Fast Track costs offset by a release of the CHC provision (£0.4m) and a further underspend of (£0.4m) in other CHC areas. Further work is ongoing to mitigate the financial overspend.
-

*funded nursing care

CHC Assessment Backlog



CHC 28 Day Quality Premium



2.3 Somerset Treatment Escalation Plan (STEP):

- People facing end stage disease or at risk of clinical deterioration may find it difficult to communicate their wishes about their care. Currently only 4% of people discuss the type of care they would or would not like to receive in an emergency.
- Somerset Treatment Escalation Plan & Resuscitation Decision Form (STEP) is a document designed to help communication between healthcare professionals outlining an individual treatment plan, focusing on which treatments may or may not be the most helpful for individuals should they deteriorate. A variety of treatments can be considered such as antibiotic therapy or mechanical ventilation and the plan must include a resuscitation decision.
- Treatment Escalation Plans (TEPs) are an important document to ensure that every person has their ceiling of care considered and documented formally, in line with the national initiative.
- There are a number of projects in Somerset that are currently supporting improved use of the STEP. A local audit of 10 homes supported by Listening and Responding in Care Homes (LARCH), on a graduated basis since November 2018 shows that between 2017/18 and 2018/19 the year-on-year number of admissions to hospital of care home patients not supported by LARCH rose by 40%, whereas the year-on-year number of admissions for care homes supported by LARCH fell by 20%.
- Note: STEP is a different, but aligned to End of Life Care and Advanced Care Planning which covers all aspects of a person's wishes in anticipation of death during the last months of life.

2.4 Maternity and Neonatal Safety – Supporting the Long Term Plan:

The Local Maternity System (LMS) brings together commissioners and providers to work together to provide seamless personalised care for pregnant women and their families in Somerset. The LMS meets quarterly to monitor progress, discuss, and develop new plans that implement the requirements of Better Births and the long term plan whilst our Maternity Voices Partnership LMS member ensures that the voice of the woman remains at the centre of our work.

Current key priorities include:

The Maternal and Neonatal Health Safety Collaborative:

- To improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation
- To achieve the national ambition, set out in Better Births of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 20% by 2020

Saving Babies Lives v2 (March 2020):

- Continuity of Carer
- Reducing maternal smoking
- Perinatal Mental Health
- Funding to provide training to a wider range of professionals has been allocated.
- STP and Long Term Plan (LTP) - The LMS is working to ensure that the STP and LTP work is closely aligned.
- Paramedic Maternity Training

			Key	Unrated	Inadequate	Requires improvement	Good	Outstanding
Provider	Overall Rating	Date of inspection	Date of report	Safe	Effective	Caring	Responsive	Well-led
Taunton & Somerset NHS Foundation Trust	Good	30 Aug 2017 & 28 Sep 2107	5 Dec 2017	Requires improvement	Good	Outstanding	Good	Good
Yeovil District Hospital NHS Foundation Trust ^{AA}	Requires improvement	4 December 2018 – 17 January 2019	8 May 2019	Requires improvement	Good	Good	Good	Good
Somerset Partnership NHS Foundation Trust	Good	9 October 2018- 31 October 2018	22 January 2019	Requires improvement	Good	Good	Good	Good
Royal United Hospitals Bath NHS Foundation Trust ¹	Good	5 June 2018	26 September 2018	Good	Good	Outstanding	Requires improvement	Good
Weston Area Health NHS Trust	Requires improvement	26 February – 28 March 2019	26 June 2019	Requires improvement	Good	Good	Requires improvement	Requires improvement
Devon Doctors (Somerset Out of Hours) [‡]	Good	17, 18 & 19 January 2017	3 May 2017	Good	Good	Good	Good	Good
South Western Ambulance Service NHS Foundation Trust	Good	26 June 2018	27 September 2018	Requires improvement	Good	Outstanding	Good	Good
Care UK Limited (Shepton Mallet Treatment Centre) [*]	Outstanding	11-13 Oct 2016	9 May 2017	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

^{*}Care UK Limited (Shepton Mallet Treatment Centre) reregistered the provider on the 2 October 2017 with the CQC which has yet to be inspected

^{AA} YDH Requires Improvement relates to Use of Resources financial assessment

[‡]This is the current rating for Devon Doctors (10 Manaton Court) which was assessed prior to providing services to Somerset

2.5 Integrated Urgent Care Service:

- The Integrated Urgent Care Service went live on 25 February 2019. This service is delivered by Devon Doctors Ltd with Care UK providing the NHS 111 element.
- For August 2019 (latest published IUC ADC data available), calls answered within 60 seconds performance (KPI2) was at 86.3% against a target of 95% (July 2019: 90.9%) alongside being over threshold (<5%) for abandoned call volumes at 6.1% (July 2019: 3.5%). Unvalidated data for September 2019 indicates an improved position for both KPIs. The Somerset 111 service continues to be the best performing service within the South West.
- The CCG is excited to reveal the new brand for the Somerset Integrated Urgent Care Service [IUCS] as Meddcare Somerset. Although the IUCS is being rebranded, it will continue to be operated by Devon Doctors Ltd. Both Devon Doctors and the CCG has been keen to create a unique identity which would differentiate between the Devon and Somerset services and, moving forward, be recognised as a provider of high-quality urgent care. Future reports will refer to Meddcare Somerset (rather than Devon Doctors).



2.6 Ambulance

- Category 1 mean performance fell short of the 7 minutes mean target with performance of 8.1 minutes (YTD 7.8mins), compared to 7.5 mins in both May and June. Category 1 90th Percentile performance exceeded the target at 15.5 minutes against a 15 minute target (YTD 14.8 mins).
- Category 2 performance continues to be an area of challenge and increasing concern within Somerset and across the South Western Ambulance Service NHS Foundation Trust (SWASFT) patch. Whilst there appeared to be some initial improvement earlier in the year, a gradual decline since May 2018 is noted with September performance reported as: Category 2 mean - 33.5 mins (18 mins target – YTD 33.5mins); and Category 2 90th percentile – 69.2 mins (40 mins target, 78).
- Category 3 and 4 performance also continues to be areas of concern with declining performance since May 2018, though lower response times noted compared to June 2019. There has been a significant increase to Cat 3 Mean Response Duration in September to 111.2 minutes compared with 90.4 mins in August. Cat 3 90th percentile YTD is 204.9 against 120 mins target.

- It is the intention of all commissioners to maintain activity levels at the contracted total for 2019/20, covering all incident types (Hear & Treat, See & Treat and See & Convey), with activity levels being monitored on a bi-monthly basis to assess in line with the 19/20 contract's breakglass clause arrangement. Any calculated over-performance is charged at the marginal rate of £180 per incident (regardless of outcome). YTD (to July 2019) Somerset CCG is 6.48% above the contracted plan (+1920 incidents) and the locally calculated potential impact for 19-20 is £610,027 (although this is a straight line calculation, and has not built in any seasonal impact).
- CCG analysis of the SWAST detailed data source (M032a - validated SWAST data) indicates that increase in Somerset's 999 activity is due, in parts, to increased 999 calls with outcome of 'hear and treat.' The CCG is currently exploring what, of such calls, originates from 111 and which would best be re-directed into the IUC service for appropriate clinical input. SCCG is currently in discussion with its IUC provider to identify improvement opportunities with a particular focus on 'Consult and Complete' (i.e. hear and treat) within the Clinical Assessment Service. Such work will also include the potential to review the validation of lower acuity 999 dispositions from NHS111. Part of this programme of work will include a multi-agency working group, which met on 24 October 2019. In addition, Care UK is implementing its national Improvement Programme ahead of winter and this will include a new ambulance validation process with specific clinicians targeted at reducing the level of ambulance dispositions.
- In line with the Business Case investment (£12m across all commissioners) recruitment of paramedics continues across the Trust. Somerset will see additional DCA resourcing coming into the county from September 2019, with the majority in place by January 2020. Alongside paramedic recruitment, SWASFT has undertaken an Estates Review, leading to the decision to close Castle Cary Ambulance Station due it not being 'fit for purpose' alongside backlog of maintenance requiring investment; affected staff will move to nearby locations. SWASFT has advised that this will not have any impact on services and response times to local residents. However, the closure has attracted media attention and concerns have been expressed by a number of local Councillors both direct to SWASFT and CCG.
- Over the last few months Dorset CCG has worked with commissioners to review and propose changes to the Lead Co-ordinating Commissioner arrangements. Dorset CCG has now confirmed that the proposal has been agreed by all CCGs. The proposal includes the following changes:
- The Ambulance Strategic Partnership Board (ASPB) is to be re-shaped to become a fully delegated committee, with decision making rights and senior attendance. The scheme of delegation for each CCG will need to be altered to achieve this;

- A review of commissioning support function is to be made.
- Senior managers from CCG / STP areas will be required to design and deliver their local Transformation Plan

3 Emergency Demand and Performance

The number of Somerset patients attending either an A&E (Accident and Emergency) Department or Minor Injuries Unit (MIU) has increased by 4.7% when comparing the April to September 2019 to the same period in the previous year and is 0.3% above the 2019/20 activity plan. All main Providers on a YTD basis have experienced varying levels of increased demand ranging between 1.9% (Taunton and Somerset NHS Foundation Trust) to 9.5% (Yeovil District Hospital NHS Foundation Trust); this is compared to South West Regional growth of -2.4% and national growth of 2.0%.

- **Taunton and Somerset NHS Foundation Trust (T&S):** the Trust has experienced a 1.9% increase (+652 attendances) in A&E attendances when comparing the cumulative period April to September 2019 to the same period in the previous year and is meeting the planned level of attendance (YTD 35,345 attendances vs a plan of 35,418). The Trust saw an increase in the level of attendance in September 2019 with the average daily rate of increasing from 188 in August to 193 in September.

The Trust has submitted a non-compliant A&E 4-hour plan with performance set decline over the winter period to 88% in March 2020. Performance in September 2019 was 80.3% against a plan of 89.0% and compares to England performance of 82.9% and South West Regional performance of 83.8%. The deterioration in 4-hour performance is in part attributed to the opening of the (pilot) Urgent Treatment Centre at Bridgwater; as a result the Trust is seeing a reduction in minor demand from the Bridgwater and North Sedgemoor locality. This is impacting upon T&S 4-hour performance due to a reduction in demand that would likely be seen, treated and discharged within 4 hours. In addition, performance is further compounded by workforce challenges within the medical and nursing workforce (sickness and vacancies) and heightened peaks in daytime demand leading to high occupancy levels in the department.

- The Trust continues to develop and implement actions to improve flow through the Department and the key areas of focus include strengthening the workforce to meet the changing levels of demand and acuity and improving the triage time for patients to address the high conversion rate of the frail elderly and the overall change in presentation profiles. To support the improvement programme the Trust has developed a Live System Dashboard to aid the Operational Staff to make timely decisions and are running a 100 Day Programme to improve patient flow.

- **Yeovil District Hospital NHS Foundation Trust (YDH):** On a Trust to Somerset basis YDH has experienced a 9.5% increase in A&E attendance (+2,068 attendances) when comparing the cumulative period April to September 2019 to the same period in the previous year and is 4.2% above planned level of growth. The Trust saw a small increase in the average daily rate of attendance in September 2019, to 131 per day when compared 129 per day in August. Whilst the Trust in September narrowly missed achieving the 4 hour operational standard with performance of 94.9% against the 95% standard the Trust continued to be ranked in the top three highest performing Trusts nationally and continues to be the Region's top performer. The Trust has a well-established ambulatory care unit in place and during 2019/20 have seen a 19.2% increase in the number of patients admitted with a zero length of stay.
- **Somerset Partnership NHS Foundation Trust:** On a Trust to Somerset basis the number of patients attending a Minor Injury Unit (MIU) has increased by 3.9% when comparing April to September 2019, to the same period in the previous year. All sites, with the exception of Burnham-on-Sea who has seen a reduction in activity due to temporary Unit closures associated to workforce constraints, have experienced an increase in minor injury demand. The Units experiencing the most significant growth are Bridgwater (a pilot Urgent Treatment Centre was opened in March 2019 and have also seen an increase in the number of patients attending from the Burnham on Sea area on the days that this Unit was temporarily closed), Chard and West Mendip. The CCG is working with the Trust to review staffing options going forwards.
- **Royal United Hospital Bath NHS Foundation Trust:** the RUH has experienced a 0.33% increase demand when comparing April to September 2019 to the same period in the previous and the average daily level of attendance in September 2019 has increased from 23 in August to 25 in September. The four-hour A&E performance in September was 67.5%, which is significantly behind the Trust's improvement plan and compares poorly to the England (82.9%) and South West Regional (83.8%) performance. The key factors underpinning the deterioration in performance were the high levels of both minor and major demand resulting in an increase in emergency admissions and compromising patient flows, a reduction in discharges earlier in the day and a reduction in the number of direct admissions to the Medical Admissions Unit (MAU) and Surgical Admissions Unit (SAU) compared to previous month. Bed flow was further compounded by an increase in the number of stranded patients (these are patients whose stay exceeds 7 days), an increase in lost bed days due to a delayed discharge and an in the numbers of patients diagnosed with flu. The key actions to improve performance include the implementation of a consultant led Rapid Access and Treatment Service, the implementation of a new triage model in the Urgent Treatment Centre and Emergency Department minors and commencement of new winter schemes from November 2019.

- **Weston Area Health NHS Trust (WAH):** WAH has experienced a 5.5% increase in A&E attendances when comparing April to September 2019 to the same time in the previous year and the daily rate of attendances has marginally increased from 22 in August to 23 in September. Performance declined in September to 73.3% which is lower than both the England and South West Region performance. The Trust is reviewing their practices in order to identify opportunities to optimise the patient pathway with a focus on looking at alternative pathways of care working with specialty team to develop more effective patient care.

The Somerset system has seen a 0.4% increase the level of emergency admissions when comparing the cumulative period April to September 2019 to the same period in the previous year (this equates to 150 additional admissions) with Taunton and Somerset NHS Foundation Trust experiencing a reduction in emergency admissions, while Yeovil District Hospital NHS Foundation Trust has experienced an increase in demand. This compares to a 0.1% reduction in demand nationally and a 1.1% reduction in demand Regionally. The aspiration in 2019/20 is for the 3.7% underlying growth to be fully mitigated; in September 2019 the daily rate of emergency admissions was 200 which is an increase upon the previous month of 187; despite this increase in September SCCG remains 0.6% below (better) than plan (2.5% below the zero and 0.4% above the non-zero length of stay plans).

Clinical Commissioning Groups are held to account by NHS England for the delivery of a number of measures contained within the Improvement and Assessment Framework (CCG IAF); performance against these measures (which are grouped under four domains (better health, better care, sustainability and leadership)) are published quarterly and collectively underpin the CCG's annual assessment. Increases have been seen in number of the urgent care measures which is influencing the overall increase in emergency admission demand (namely admissions for urgent care sensitive conditions, injuries resulting from a fall in patients aged >65 years and patients re-admitted as an emergency within 30 days of discharge) and deep dives into these areas of increase will be reviewed at the A&E Delivery Board.

4 **Elective Demand and Performance**

- The Somerset system has experienced a 0.3% reduction in Referrals during the cumulative period April to September 2019 when compared to the same period in the previous year and is underpinned by a 4.0% reduction in GP Referrals but a 7.0% increase in Other Referrals resulting in Somerset CCG being 0.6% higher (worse) than the planned level of referral.
- The most common routes of Other Referral were via Cancer Screening Services, Optometrists, Eye Casualty or following an emergency presentation (via A&E or emergency admission). Where growth in a specific specialty (or a specific referral source) exceeds 3% over 3 consecutive months a review will be undertaken to establish if there are any new emerging concerns and will complement pathway work being undertaken by the Out Patient transformation programme.

- New Referral to Treatment (RTT) Clock Starts continue to be utilised in 2019/20 to assess referral demand as this provides a speciality level referral dataset across Somerset and removes the challenge of aligning specialities associated with referrals between Providers. There has been a 3.6% reduction in the number new RTT Clock Starts (new referrals) when comparing the cumulative period April to September 2019 to the same months in the previous year and the average number of referrals (per working day) in September was 699 which is 31 referrals per day higher than the average monthly rate of referral. On a planned basis, the number of RTT Clock Starts in September was 13,997 against a plan of 14,868 and the specialities with the greatest level of clock start growth (volume) and correlating increase in the number of incomplete pathways (patients on the waiting list awaiting their first definitive treatment) are Dermatology, Trauma and Orthopaedics, Plastic Surgery, Cardiology, Gastroenterology and Neurology.
- Despite the reduction in GP referrals there continues to be an increase in the number suspected cancer referrals during 2019/20; during the cumulative period April to August 2019 there were 436 additional patients referred on a 2 week wait pathway (or an increase of 4.1%) against a planned growth ambition of 8%. The sustained increase in demand (which coincides with a 4.1% increase in 62 day definitive treatment pathways) demonstrates that cancer is being detected at an earlier stage. A review of cancers detected via an emergency presentation has been requested from Taunton and Somerset NHS Foundation Trust to establish if there has been a reduction in the detection of cancer through this route.
- Somerset Clinical Commissioning Group did not meet the local RTT incomplete pathway standard in September; this is the first month during 2019/20 where the local planning ambition has not been met. Performance in September 2019 was 82.35% (against the planned level of 82.52%) as a result of 7208 patients exceeding 18 weeks. This is an increase of 262 breached pathways when compared to the previous month and underpinned by an increase in new 18 week breaches most predominantly at T&S. The increase in cancer and urgent demand and positive cancer diagnoses continues to have an impact upon the waiting times profile due to these patients taking priority and displacing routine activity. Entry FP93 on the CCG Corporate Risk Register includes a score of 20 in respect of meeting the waiting times target for RTT.
- As at 30 September 2019 there were 40,829 patients on an incomplete pathway (patients who are waiting to start treatment) which is an increase of 673 patients when compared to the previous month and 158 patients higher than the planned ambition of 40,671. However, it is important to note that the increase in waiting list size has been suppressed in 2019/20 due to a counting and reporting change. From April T&S correctly re-assigned spinal and maxillofacial patients to specialist commissioning and this led to an initial reduction in waiting list; had this change not occurred the waiting list would have increased by some 2843 patients during 2019-20. This equates to a waiting list increase of 7.8% which is higher than the national increase of 4.9% and Regionally 2.3%.

- As the number of new clock starts (these are patients who have receiving their definitive treatment) has reduced in 2019/20 the key reasons for the increase in patients on the waiting list is a reduction in the number of clock stops delivered (non-admitted clock stops are -4461 or 8.6% behind plan and there were 1859 less admitted clock stops than plan (or -9.0%)).
- The most significant risk to the elimination of >52 week waits is the increase in the number of patients exceeding 40 weeks. The number of patients exceeding 40 weeks increased over the winter period 2018/19 and again during summer 2019. The main concentration of very long waits are at T&S and the level of >40 week waits reduced from 586 in August to 534 in September.
- In September 2019 there were 16 patients waiting in excess of 52 weeks against a plan of 9 (which is 7 higher (worse) than plan and an increase of 4 patients upon the previous month).
- These very long waits were reported by T&S (12), RUH (2) and 2 at out of county Providers (University College London and North Bristol Trusts). In respect of RUH, on a Trustwide basis the Trust has 11 patients waiting in excess of 52 week and of which 2 are Somerset patients.
- T&S reported 12 patients who exceeded 52 weeks in September against a plan 8 (which is an increase of 2 patients upon the previous month) and on a Trust-wide basis, reported an increase of 4 patients (23 against a plan of 13). The causation is an increase in the number of patients cancelling treatment further compounded by an increase in clinically complex cases delaying clock stops. The greatest risk to delivery is further growth in the number of >40 week waits particularly within maxillofacial, ophthalmology and T&O (the specialities seeing the greatest increase in backlog) and patient choice or clinical reasons delaying clock stops. In respect of the maxillofacial service (which is a specialist commissioned service and as a such does not impact on the Somerset CCG position) the actions to improve waiting times include strengthening the workforce and securing additional capacity. In respect of workforce the Trust has successfully appointed a Consultant, Associate Specialist and Specialty Doctor and for 5 weeks during October appointed a Locum. The Trust continues to schedule additional weekend lists and are also undertaking enhanced gatekeeping of referrals which is starting to yield a reduction in demand. For ophthalmology, the Trust is putting on waiting list initiatives where possible, insourcing additional Saturday lists from October (SSS) and undertaking further work on the referral pathways.

5 Diagnostic 6 Week Waits

- Somerset CCG has continued not to meet the waiting time standard whereby patients can expect to receive their diagnostic test or procedure within 6 weeks, as a consequence of the under-performance predominantly at T&S. Performance in September was 89.4% against a planned level of 94.6% but is an improvement of 2.0% (or -188 6 week breaches) upon the previous month and -977 6 week breaches to July 2018 (when the waiting breaches peaked).
- The diagnostic modalities that continue to have the most significant impact upon delivery of the standard are MRI, CT and Endoscopy (Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy). Entry SC03 on the CCG Corporate Risk Register includes a score of 16 in respect of meeting the waiting times target for diagnostics.
- A Diagnostic Transformation Project has been established in 2019/20 which focuses upon Direct Access and Service Efficiencies; in addition to the transformation programme Taunton and Somerset NHS Foundation Trust has an improvement plan in place with actions focused specifically upon backlog clearance in MRI and Endoscopy.
 - **Taunton and Somerset NHS Foundation Trust:** the number of patients waiting in excess of six weeks for their diagnostic test or procedure in September was 822 which is a reduction of 229 patients when compared to the previous month resulting in performance of 84.8% against a plan of 91.5%. An improvement trajectory was agreed as part of the 2019/20 planning round whereby the Trust committed to working towards recovery of the operational standard from March 2020; however due to a significant increase in endoscopy (routine and cancer) demand as well as other unforeseen circumstances the Trust has developed a revised trajectory which shows year end performance on 93.9% rather than recovery of the national standard (99%). The Trusts key improvement actions include securing additional capacity (in-sourced and mobile) and strengthening the workforce. However, in respect of endoscopy demand and capacity modelling shows that they continue to have a shortfall in capacity and are continuing to explore if there are further options to increase external capacity.
 - **Yeovil District Hospital NHS Foundation Trust:** the number of patients waiting in excess of six weeks for their diagnostic test or procedure remained significantly above trajectory in August (70 against a plan of 15) resulting in performance of 96.7%, which is behind the 99% national standard and Trusts delivery ambition. The increase is contained within Echocardiography and is underpinned by an increase in referrals (both external and internal (inpatient and pre-operative) demand). As a result of securing additional capacity and is strengthening the workforce it is predicted that performance will return to compliance by October 2019.

- **Royal United Hospital Bath NHS Foundation Trust:** the Trust did not achieve the diagnostic standard in September 2019 with 93.2% of patients waiting less than six weeks for their diagnostic test or procedure (this equates to 77 breaches), which is a decline upon the previous month (94.3% in July). The Trust has proposed a Trust wide trajectory for 2019/20, to achieve 97.5% by March 2020 (and divergence from the original planning ambition of 98.4%). The breaches are within the radiology modalities (MRI, CT and Non-Obstetric Ultrasound) and within Echocardiography. Actions to improve performance and reduce the level of breach include increasing capacity, strengthening the workforce and changes to administrative process in the sleep study modality.
- **Weston Area Health Trust:** the number of breaches reduced in September to 3 resulting in performance of 97.7% against the 99% national target. On a Trustwide basis underperformance is mainly attributable to capacity issues within diagnostic imaging (CT and non-obstetric ultrasound) and to improve are recruiting into posts to address staffing shortfalls and locums are in place, working to clear backlogs.

6 Cancer

- Across the Somerset System there has been an increase in referrals relating to Suspected Cancer 2 Week Waits of 4.1%, comparing April to August 2019 to the same period the previous year. SCCG did not achieve the 93% target in August 2019 with performance of 78.4%, attributable to an increase in breaches at Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust, predominantly due to skin cancer and upper and lower gastroenterology outpatient capacity and patient choice. This is compared to national performance of 89.4% and Regional performance of 84.1%.
- The increase in suspected gastrointestinal cancer is impacting upon T&S performance and leading to diagnostic delays in CT Colon and colonoscopies, high levels of patient choice and delays due to the Trust awaiting blood test results from GPs. To mitigate a new referral form has been implemented which mandates the inclusion of blood test results with the referral, a development of a triage hubs for lower GI referral is being implemented across T&S and YDH and capacity is being increased and the workforce strengthened.

YDH saw a deterioration in 2 week wait performance in August 2019 to 75.6%; the Trust has seen a 5.9% increase in 2 week wait demand during April to August 2019 when compared to the same period in the previous year and during August saw a significant increase in skin cancer breach, due to unexpected out-patient capacity constraints as a result of staff sickness. SCCG working with System Partners for a longer term solution in respect of dermatology provision.

- The cancer sites experiencing the most significant increase in demand during the period April to August 2019 are Breast Head and Neck, Skin and Gastrointestinal (upper and lower). The increase demand upon these Services has led to a significant increase in the number of breaches (namely Breast, Skin and Lower and Upper GI cancers) which is impacting upon SCCG 62-Day performance.
- The improvement plan in place shows Somerset performance improving to 85.03% by March 2020. In August 2019 Somerset CCG saw an improved level of performance (84.8%) resulting in achievement of the 62 day cancer trajectory of 84.2% compared to national performance of 77.8% and Regional performance of 78.9%. Both T&S and YDH have 62-Day Improvement Trajectories in place, whilst T&S did not achieve this in August with performance of 80.4% (against a plan of 82.7%), YDH met the performance trajectory with performance of 92.1% (against a plan of 85.0%). Entry FP100 on the CCG Corporate Risk Register includes a score of 16 in respect of meeting the 62 day cancer treatment standard.
- Actions to improve 62 day performance include:
 - The upper gastrointestinal pathway has been reviewed with a new referral process implemented. This will streamline referrals and ensure the foundations for direct to test pathways are in place.
 - A new referral form has been implemented for suspected colorectal cancers. Blood tests must be included with referrals which will speed up processes. Thanks to a focused relaunch, Faecal Immunochemical Test (FIT) testing for symptomatic patients has been relaunched with a 150% increase in uptake. This helps detect cancer but also reduces unnecessary referrals to hospital.
 - The first patients in Somerset have received prostate template biopsies under a local anaesthetic in Taunton. This has been so successful it is now a standard pathway. These tests reduce the risk of sepsis, diagnose cancer more accurately, and avoid overnight stays in hospital.
 - Somerset has been successful in a bid to develop a rapid diagnostic service. This will be based in primary care in Mendip and be delivered in partnership with RUH.

7 Improving Access to Psychological Therapies (IAPT)

- Since April 2019 reporting for the Talking Therapies service has continued to be split as agreed with the regulators, following the Intensive Support Team review and mandated reporting changes. The main IAPT data continues to be reported for those patients that meet the core IAPT standard guidelines as well as for those which sit outside of this, but who receive support from the larger Talking Therapies service. This supports the ongoing work with the implementation of the Rapid Improvement Proposals and the wider development of the new 'Stepping Up' Service alongside the IAPT service.
- Monthly data provided by Somerset Partnership show there were 962 referrals

received by the service in September 2019 which is an increase of 72 compared to the previous month. Of those 962 referrals, 695 (72.2%) of these chose to opt-in to the service. 499 people were identified as having depression and/or anxiety disorders from a total of 508 who were reported as receiving psychological therapies (IAPT compliant) during the month.

- The locally reported access rate for Quarter 2 is 12.6%, performance has slightly declined by 0.7% when compared the previous quarter (13.3%), however for both quarters delivery against the quarterly local ambition of 11% was met and exceeded. The reported recovery rate was 58.7%, performance continues to exceed national ambition of 50%.
- Compared to the national access & waiting Times targets from date of referral to first treatment, the local service continues to exceed national ambitions achieving 92.5% (75% standard within 6 weeks) and 98.8% (95% standard with 18 weeks).
- Ongoing efforts are underway to split the workforce between those responsible for delivering IAPT compliant treatment and those offering more intensive therapy. These efforts have been exceptionally successful so far and both teams have nearly been fully recruited to. This will help to improve the capacity and increase the access rates for both teams.
- The service is also considering alternative ways of delivering therapy such as through the use of digital therapy to offer choice and improving access for hard to reach groups. A new digital provider (ICS Digital Therapies) will be starting officially a 6 month pilot in Taunton from the beginning of October 2019, with the plan to roll this out to the other localities over the next few months.
- IAPT activity as well as that of the Stepping Up service are routinely reviewed at the Adult Collaborative Board; with updates provided to the Mental Health and Learning Disabilities Programme Board.

8 Adult Community Mental Health Service

- The Mental Health and Learning Disabilities Programme Board is now an established governance structure, and supported by a number of collaborative development groups that sit underneath. The agreed Rapid Improvement Proposals and the governance of that sits within this board and reports to Programme Executive Group frequently, with reporting also being highlighted to appropriate Clinical Commissioning Group forums. Below is a very high level summary of where we are currently against the investment areas;

Emotional Wellbeing Service

- Care Pathway plan discussed at meeting with providers w/c 26/08/19 – This includes referral criteria/management, reflection on cases seen so far by Village Agents etc. Notes from session will inform this document that will develop alongside the pilot

- Joint referral email inboxes held up as generic accounts flagged as IG risk. Meeting with IG led to request to CCG Digital Team to support creation of named accounts. Currently with the Digital Team
- All Metrics small working group sessions held and Metrics finalised. In dialogue with Somerset-wide BI Working Group to assist with implementation
- Metrics presentation given to the MH and LD Programme Board. Feedback very positive
- Work has begun on integration of the successful transformation bid and this POD

Improve Access to Psychological Therapies (IAPT)

- Consultation with affected staff members regarding changes – completed
- Digital provider selected. Pilot locality (Taunton) selected. Service commenced 09/09/19
- Service specification drafted by CCG – awaiting internal clarification
- Agreed training places for 19/20 clarified with HEE
- Review initiated of accommodation needs to assess current provision and identify future opportunities for growth
- Meeting held with CCG Lead re: opportunities for increasing access / benefits of IAPT to/for patients with Long Term Conditions with view to consider possible pilot for patients with Type 1 Diabetes

Stepping Up

- HR Business Case review approved – staff consultation completed
- HR process into new roles - completed
- Recovery partners, and staff to assist in creating the new name for the 'stepping up' provision – ongoing (see below, priorities for next reporting period)
- Draft service specification developed, still awaiting CCG & Provider agreement – the SOP will form part of this service spec

Community Mental Health Team (CMHT) and Home Treatment Team (HTT)

- Work has commenced on the Single Point of Access
- Piloting new 'Sharon' service in EIP and Perinatal first

- Summer social media/media recruitment campaign being launched to focus on filling remaining posts
- NHS England have confirmed the transformational funding for the Community Mental Health Trailblazer project. The focus over the next month will be to develop this model of care and ensure it encompasses existing work. An updated POD is being developed.

Mental Health Bids Update

- Approved - Children & Young Peoples Green Paper Trailblazer site to increase emotional wellbeing support in schools. Implementation group formed and recruitment started
- Approved and embargo lifted- Adult Community Mental Health Services, we have been asked by NHS England to bid to become a trailblazer site to implement a new and radical model of care for community mental health support which will blur the boundaries between primary and secondary Mental Health support. Implementation board established and project underway
- Approved - Adult Crisis Home Treatment Teams, to ensure that all teams offer the full 24/7 compliance to national model. Implementation group formed and recruitment started – the crisis café which formed part of this bid will be procured alongside the wider VCSE work for the Adult Community Trailblazer programme
- Approved - Psychiatric Liaison Team (PLT), to ensure that there is ‘Core 24’ status in at least one District General Hospital (DGH) in the county (our bid will provide additional PLT to both DGHs it will take Taunton and Somerset NHS Foundation Trust to core 24 and provide Yeovil District Hospital NHS Foundation Trust with a modified model appropriate to clinical need)
- The key elements of the future models of care highlighted within each of these bids are as follows, this also aligns to the Long Term Plan aspirations for Mental Health;

Radical transformation - *How services will be in 10 years, but delivered now*

Co-produced - *Service users & professionals, commissioners & providers, statutory & Voluntary, Community and Social Enterprise, clinical & non-clinical*

No thresholds, dissolved boundaries - *Secondary & primary care, health & social care, physical & mental health*

Neighbourhood focused - *Rooted within Neighbourhoods and Primary Care Networks*

Somerset County Council
 Scrutiny for Policies, Adults and Health Committee
 – 4 December 2019

Adult Social Care Performance Update

Lead Officer: Mel Lock, Director of Adult Social Services

Author: Jon Padfield, Performance Lead, Adults & Health

Contact Details: jpadfield@somerset.gov.uk / 07731 105872

Cabinet Member: David Huxtable, Cabinet Member for Adult Social Care

Division and Local Member: All

1. Summary

- 1.1. This report follows on from previous reports provided to Scrutiny Committee and highlights key performance activity and indicators relating to Adult Social Care. The report is supported by an accompanying appendix which provides further detail in relation to some of those indicators being monitored closely by the service and helps to evidence the improvements and areas for further development identified within the covering report.
- 1.2. This update also includes initial analysis of the 2018/19 Adult Social Care Outcomes Framework (ASCOF) figures, published by NHS Digital on 22 October 2019.

2. Issues for Consideration/Recommendations

- 2.1. For members of the Scrutiny Committee to note and comment on the updates in relation to Adults and Health performance trends captured within the report and the actions being taken to continue to improve the service.

3. Key Achievements

- 3.1. **Managing Demand** - Our continued focus on managing demand, improving outcomes and investing in strengths-based conversations with those seeking assistance via Somerset Direct (our call centre) has enabled the Adults team to meet or be very close to our target of 60% resolution at first point of contact. (*Appendix 1.1 refers*)

The number of overdue assessments for Locality Teams stood at 76 at the end of September 2019. This represents a reduction of approximately 82% compared to the same point last year. The number of overdue reviews has reduced by more than 50% and stood at 1,530 at the end of September 2019. Our planned trajectory will see all overdue reviews cleared by September 2020 whilst maintaining the quality of the reviews. 1,400 (87%) of people with an overdue review have received a review within the last 2 years. The majority of the overdue reviews relate to one locality area that has had significant recruitment and retention issues. There is a robust plan in place to rectify this.

- 3.2. **Care provider quality** - The quality of local regulated care provision in Somerset has seen steady and continuous improvement over recent years, evidenced by the high proportion of providers judged by the Care Quality Commission (CQC) to be 'Good' or 'Outstanding'. In November 2016, 83% of

providers were 'Good' or better. This figure rose to 87% in November 2017, and latest statistics for September 2019 reveal that Somerset had approximately 88% of providers achieving a 'Good' or better rating (*Appendix 1.4 refers*), comparing positively to a national average of 84%.

3.3. **Permanent Placements into Residential and Nursing Care** – An important part of Somerset's Promoting Independence Strategy is to reduce the reliance on permanent placements into Residential and Nursing care. Whilst for some people a nursing care service is the best service for them to receive care and support, for others it is not. Some of the reasons for this are as follows:

- Placing people into permanent care often reduces their independence;
- It can limit peoples' choices and control. Residents have less control over who comes into their home and they may lack privacy;
- The council has a duty to provide the least restrictive support and, in some cases, residential care can restrict a person's liberty;
- We want to enable Somerset residents to live their best life;
- It often does not provide best value for the Council or residents.

Appendix 1.5 highlights the year-on-year reduction of placements of people aged 65 and over. The Better Care Fund target for 2018/19 was 520 placements per 100,000 population and Somerset reported 512.2 placements.

For 2019/20 the target has been stretched to 468 placements per 100,000 population. This represents a 10% reduction compared to the target for the previous year.

Between April and September we have made 283 actual placements. Assuming we continue at the current rate, the projected figure per 100,000 population by year end will be 452.3.

3.4. **Self-Directed Support** – this measure examines the number of eligible service users that have been offered either a personal budget or a direct payment. Changes to the way that assessments are recorded that were introduced in August 2018 have seen a significant improvement in local performance. Our performance exceeded 90% for the first time in March 2019 and at the end of September our performance was approaching 95% (*Appendix 1.6 refers*).

3.5. **Safeguarding** – the proportion of concluded safeguarding enquiries where the risk was reported as 'reduced' or 'removed' was 90.6% for all enquiries concluded between April and September 2019. The safeguarding service routinely audit those cases where the risk 'remains'; this is commonly due to respecting the individual's capacitated wish to continue to have contact with the alleged perpetrator of the abuse.

3.6. **Quality Monitoring Audits and Activity** – The Principal Practice Leads within the service have worked closely with the Strategic Manager responsible for Quality & Performance to ensure quality monitoring is

strengthened and contributes to a more holistic understanding of performance within Adult Social Services. Over the last couple of months, a significant amount of auditing has taken place to complement our focus on quantitative data:

- The new online auditing approach to routine quality monitoring across adult services was launched on 6 September 2019 as planned and has proved a very effective way of enabling the service to gather more accessible and robust qualitative performance data. Between launch date and end of October 2019, a total of 162 audits were undertaken by adult social care staff at all levels and across all teams. Auditing data currently demonstrates that practice quality standards are most commonly being evidenced and observed within Adult Social Care Reviews (30.3% of all audits undertaken awarded a 5 star-rating overall to date), Safeguarding Enquiries (29.4% 5 star rated to date) and 'What Matters to Me' Assessment Conversations (27.3% 5 star rated to date). The approach is further assisting us in promoting and embedding a learning culture that both recognises and celebrates excellent activity as well as support practitioners to reflect on and improve their practice where needed as part of continuing professional development. The findings are being discussed at individual worker level as part of supervision, with detailed thematic reports also issued on a monthly basis to managers and presented to Performance Improvement Meetings (PIMs) outlining performance trends, areas of good practice and opportunities for improvement or closer monitoring.
- Work is also being explored with ICT & Children's Social Care colleagues to develop a new app for gathering routine service user feedback to complement our quality monitoring activity.
- In September 2019, an annual Supervision Records audit took place. The findings from this evidenced that supervision frequency has improved since previous audits. This can be attributed to a more settled service structure, fewer staff shortages, and the reinforcement of expectations and the value of supervision. It is evident from feedback (including that from our external training provider), as well as audited records, that the majority of our staff now receive supervision, predominantly within the recommended timeframes. Staff fed back having really positive experiences of supervision, with supportive, approachable managers. Factors identified as affecting regularity include sickness absence, leave, staff shortages, and other work pressures. The recording of supervision appears to an area of more challenge, both in terms of timeliness but also the quality and extent of what is being captured. Activity to address this area is now being progressed by our Principal Social Worker and Principal Occupational Therapist, to include a revised supervision template and visits to all teams.
- The service has also completed detailed analysis of the latest Somerset County Council-wide Staff Survey results which focused on

communication and awareness of corporate developments. Findings from this investigation will be explored in depth by the Senior Leadership Team later this month.

4. Adult Social Care Outcomes Framework (ASCOF) - 2018/19

- 4.1** The 2018/19 ASCOF figures were published by NHS Digital on 22 October 2019. Some initial analysis has been completed and key findings are included in this report.
- 4.2** The ASCOF measures are derived from one of 3 sources: The Adult Social Care Survey, the Carers Survey, or the statutory Short and Long Term (SALT) return.
- 4.3** Of the seven measures derived from the Adult Social Care Survey, Somerset's performance has improved in six of them. This compares with the national picture where four out of the seven measures have declined and with the South West region where three measures have declined.

Highlights in this section are;

- ASCOF 1B – 'Proportion of people who use services who have control over their daily life' where Somerset's performance of 80.2% is above both the national (77.6%) and regional (79.7%) figures.
- 3D(1) – 'Proportion of people who use services who reported that they had as much social contact as they would like'. Again, Somerset's performance is better than both the national and regional averages,

The measure where Somerset's performance has declined since 2017/18 is 3A – 'Overall satisfaction of people who use services with their care and support'. Somerset's performance of 60.6% is below both the national (64.3%) and regional (67.1%) figures and has declined from 63.2% in 2017/18.

- 4.4** Details of the measures derived from the Carers Survey were reported to Scrutiny Committee on 2 October. Somerset's performance has declined against all 5 measures but the ASCOF publication shows that this is a trend that is mirrored both nationally and across the South West region.
- 4.5** There are a total of fourteen measures that are derived from the annual SALT return. Somerset's performance has improved since 2017/18 against ten of them and has only declined against two measures (the other two measures show no change).

Key highlights from the SALT return are as follows:

- 1C(1A) – 'The proportion of people who use services who receive self-directed support'. For the 2017/18 reporting period Somerset were an outlier for this measure with performance of 58.7%. This has significantly improved to 91.5% for 2018/19 which puts us ahead of the national average of 89%,

- 1G – ‘Proportion of adults with learning disabilities who live in their own home or with their family’. Somerset’s performance improved slightly to 80.8% and remains above the national and regional averages,
- 2A(1) – ‘Long-term support needs of **younger adults (aged 18-64)** met by admission to residential and nursing care homes, per 100,000 population’. Our performance has improved significantly to 13.1 in 2018/19 (from 18.7 in 2017/18). This is better than the regional and national averages.
- 2A(2) – ‘Long-term support needs of **older adults (aged 65 and over)** met by admission to residential and nursing care homes, per 100,000 population’. This measure has also improved significantly from 2017/18 – reducing by approximately 25%. As above, Somerset’s performance is better than the national and regional averages.

5. **Adult Social Care Workforce**

The Adult Social Care Workforce Board meets on a monthly basis to monitor recruitment and retention challenges and opportunities. It is attended by senior representatives of the service and HR, as well as a representative from the Registered Care Providers Association (RCPA) and Skills for Care. Most recently published national estimates (2018/19) for the adult social care workforce (across the LA and Independent sector) were presented to the August 2019 Board, and is shared as a supporting appendix to this performance report. It highlights that:

- 19% of workers were employed on zero-hour contracts in Somerset (compared with a national average of 24%),
- Turnover rate of 35% (compared with 30.8% nationally). In Somerset approximately 78% of leavers remain in the sector indicating there is significant ‘churn’ between services. It is known at a national level that turnover rates are higher for those on zero-hour contracts,
- 84% of sector female; 16% male (compared with 83% female, 17% male nationally),
- 24% 55 years old and older; 12% under 25 years old (25% aged 55 years and above nationally),
- 48% of the workforce did not have a qualification relevant to social care (compared with 51% nationally).

6. **Performance priorities for the year ahead**

We want all Somerset residents to be able to have equal access to mainstream support within their local community, and tailored assistance to support where they require it. As such, a key transformational priority for the service over the coming year will be to focus further attention on carers, experience of and outcomes achieved by individuals with Learning Disabilities and/or Mental Health social care needs.

As part of the corporate service planning process we have reviewed all of the reported performance measures and have agreed stretch targets to ensure

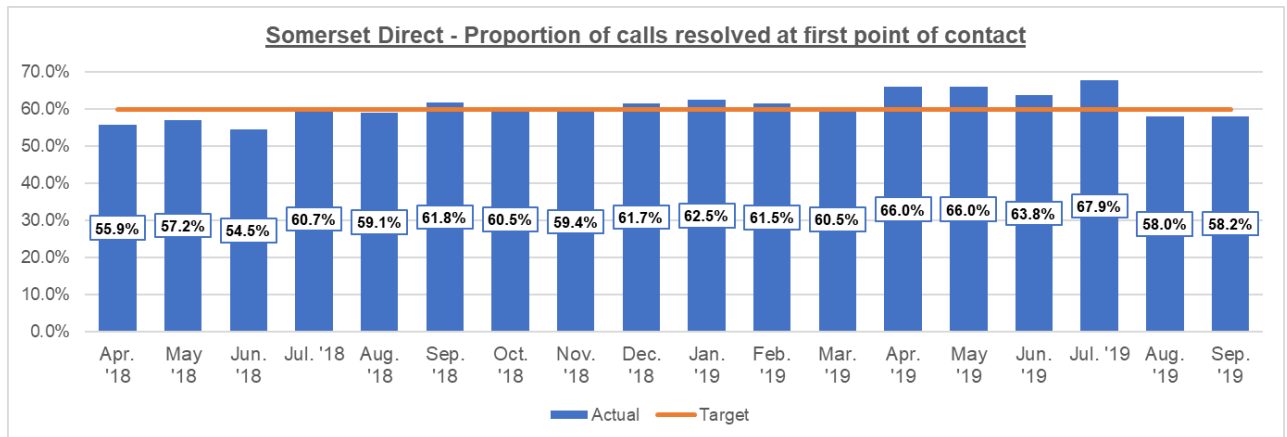
that we are seeking continual improvement. We also routinely benchmark Somerset's performance against both our regional neighbours and the local authorities in our "family group" to ensure we are able to identify and learn from best practice in other areas.

As we approach the end of the calendar year, Managers across the service have been working with Directors to refresh the current Promoting Independence Strategy, ensuring it reflects the Council's commitment to Improving Lives and ensuring it remains focused on recognised improvement activity. The revised strategy will concentrate on delivery across two key strands:

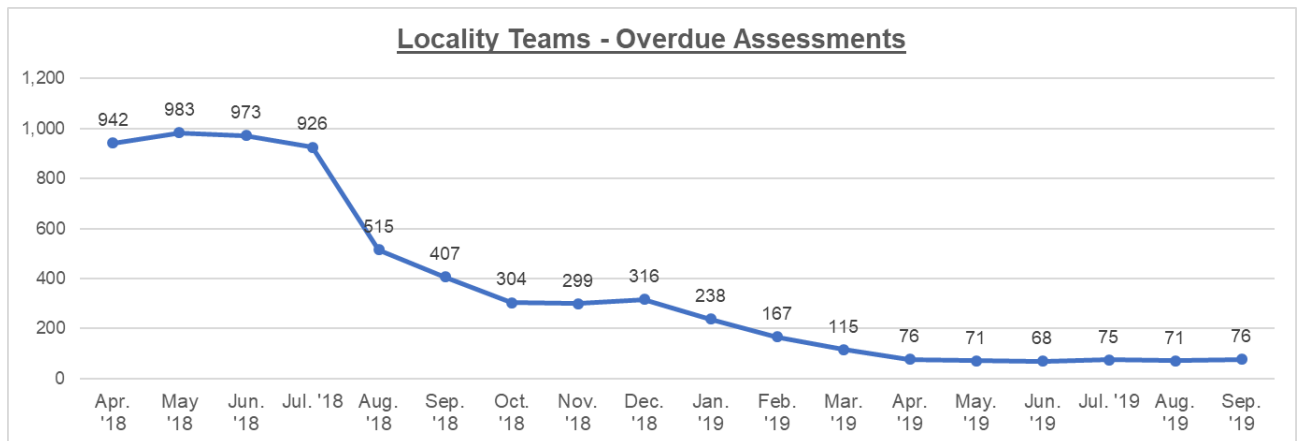
- How I live within my community – *to encompass stronger communities, equipment and digital enablers, support at home, carer support, employment opportunities, and the wider workforce*
- Where I live – *to encompass the development of a robust Accommodation Plan outlining our vision and approach to nursing and residential provision, supported living and extra care housing, shared lives and more*

Appendix – ASC Performance Trends

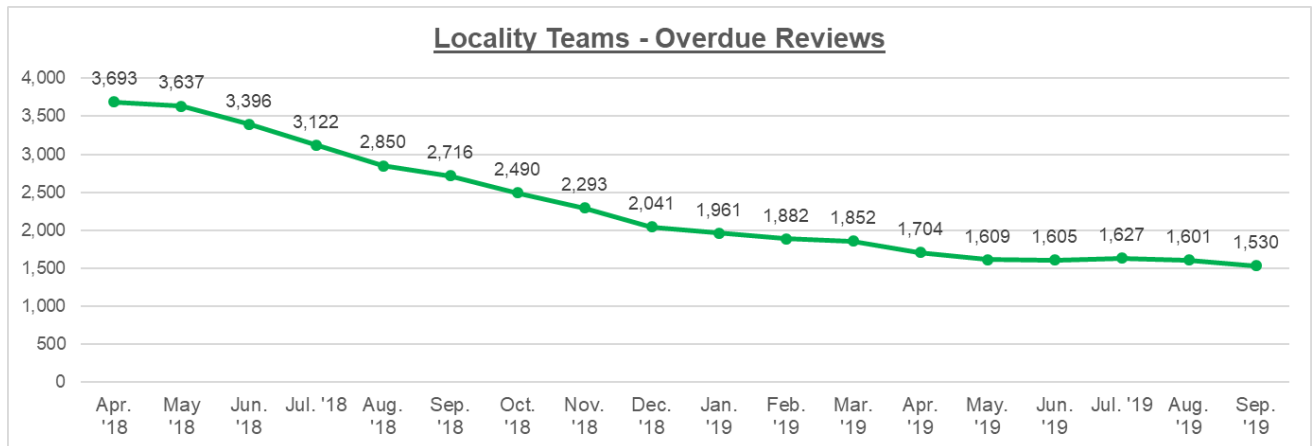
1.1 Somerset Direct – proportion of calls signposted from April 2018 to September 2019.



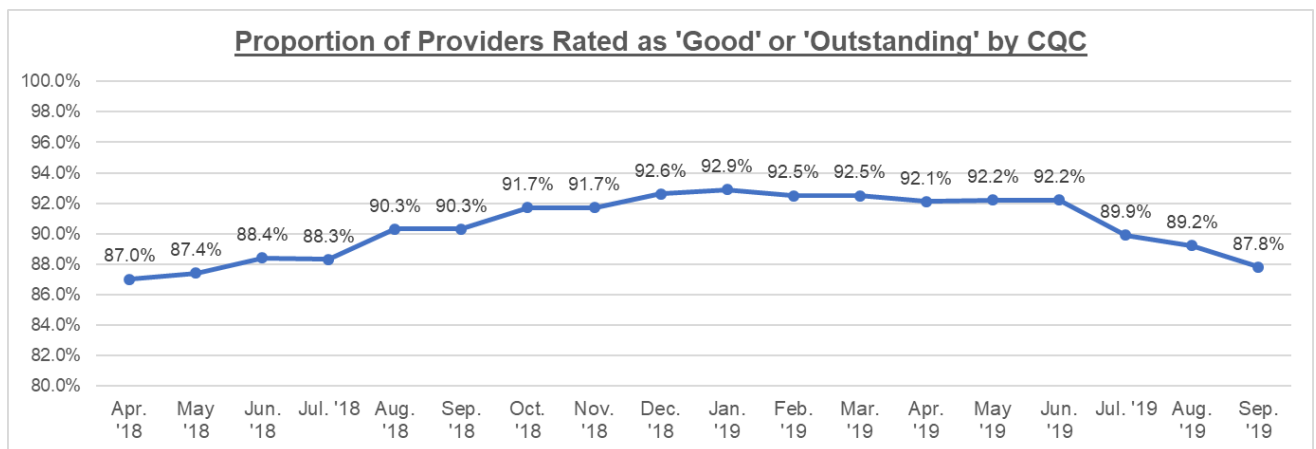
1.2 Locality Teams – reduction in overdue assessments from April 2018 to September 2019.



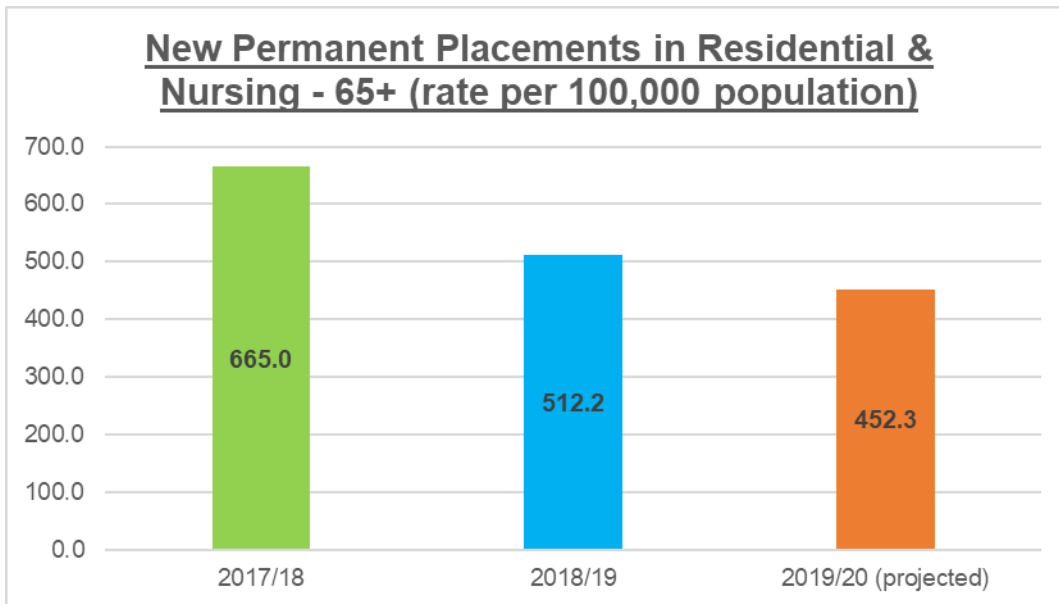
1.3 Locality Teams – reduction in overdue reviews from April 2018 to September 2019.



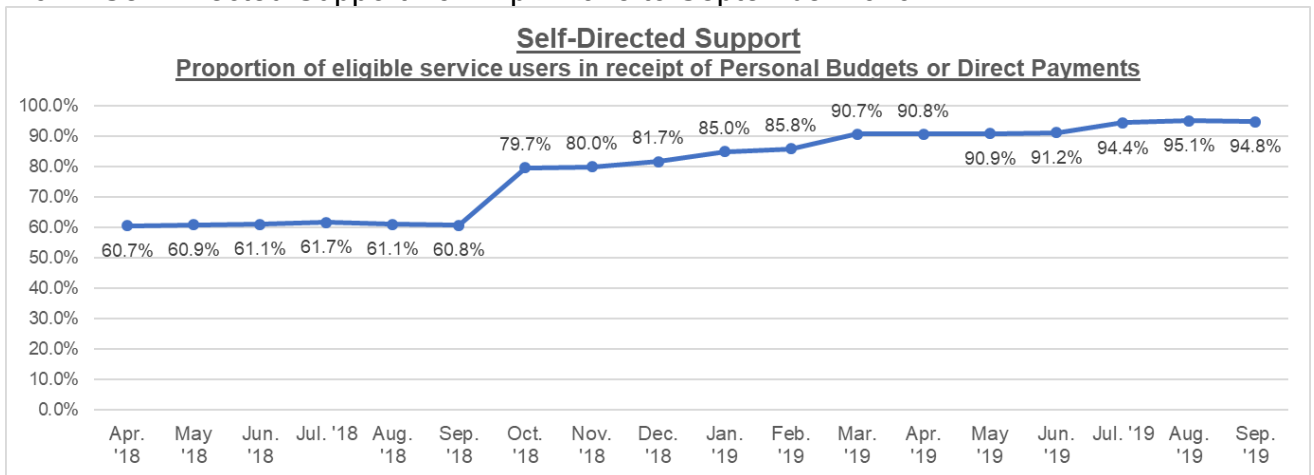
1.4 Providers with CQC rating of 'Good' or 'Outstanding' from April 2018 to September 2019.



1.5 Permanent admissions to Residential and Nursing care:



1.6 Self-Directed Support from April 2018 to September 2019:



This page is intentionally left blank

Somerset County Council
Scrutiny for Policies, Children and Families
Committee
– 04 December 2019

Annual Report of the Director of Public Health 2018 – Prevention: Getting on the front foot

Lead Officer: Trudi Grant / Director of Public Health for Somerset

Author: PNJ Tucker / Public Health Specialist

Contact Details: 01823 259449

Cabinet Member: Cllr Christine Lawrence – Cabinet Member for Public Health and Wellbeing

Division and Local Member: All

1. Summary

1.1. This report takes a broad overview of ‘prevention’. It can come across a rather a negative term but this report argues that its far from that. Prevention is about Improving Lives, it’s about getting on the front foot and preventing or delaying negative circumstances from happening. The report argues that prevention at the ‘high’ (and expensive) end of need, is the most effective way to improve the lives of those that experience the worst outcomes and free up resources, enabling investment in prevention at lower levels of need. The report gives many case studies of good practice in the county. Above all, it shows that prevention is ‘everybody’s business’.

1.2. The final report will be an ‘e-book’, including links to video recordings of participants in the case studies and leaders in Somerset health and care.

1.3. This report promotes:

- A County of resilient, well-connected and compassionate communities working to reduce inequalities
- A County where all partners actively work together for the benefit of our residents, communities and businesses and the environment in which we all live.

2. Issues for consideration / Recommendations

2.1. The report is deliberately broad, showing how a preventative approach can bring benefits to service providers and the public alike. Key points include:

- Half of health and care expenditure is on the 7% of people with greatest needs. The financial sustainability of ‘the system’ can only be assured by reducing the risk of individuals falling into this category.
- Prevention works at all levels of need. It is just as relevant to prevent high needs escalating to an acute need, as it is to put protective factors in place at the grassroots, such as helping new mothers to breastfeed or children to eat healthy food, which would have a lifetime worth of benefits.

- 2.2. The committee is asked to bear these considerations in mind in scrutinising policies in Somerset.

3. **Background**

- 3.1. The production of an Annual Report is a statutory requirement for all Directors of Public Health (DPH). It is the personal responsibility of the DPH, and an opportunity to give an independent view of the range of factors affecting health and wellbeing in the county.
- 3.2. Emergency and unplanned care or treatment is overwhelmingly more expensive than planned care. Prevention focussed on supporting people with the greatest need, such as those recently discharged from hospital, high intensity users ('frequent flyers') and families in crisis, can help the financial sustainability of health and care as well as improve lives.
- 3.3. Issues that drive the highest local spend in the NHS and Social Care are dementia, hypertension, obesity, diabetes, falls, mental ill-health, substance misuse and domestic abuse. Prevention in all of these issues should be considered as a priority. Many of these issues are influenced by the lifestyles we lead, improvements in smoking, diet, exercise, alcohol and social contact as a preventative measure can lead to significant, long-lasting benefits to health, and again, the sustainability of health and social care services.
- 3.4. This report includes numerous case studies. They are intended to inspire increased effort in prevention by Somerset organisations, businesses, communities and residents.

4. **Consultations undertaken**

- 4.1. The report includes contributions from many people in Somerset, including the CCG, 'Zing' (activities and sports), 'Spark' (voluntary sector), Musgrove Park hospital, Quantock Hills Area of Outstanding Beauty and others. It is, however, the personal responsibility of the DPH.

5. **Implications**

- 5.1. The report is intended to inspire more prevention across the board in Somerset.

6. **Background papers**

- 6.1. Previous reports, along with the statistical annexes, are published at <https://www.somerset.gov.uk/social-care-and-health/public-health/> (downloads).

Note For sight of individual background papers please contact the report author.

Scrutiny for Adults and Health Work Programme – July 2019

Agenda item	Meeting Date	Details and Lead Officer
	29 Jan 2020	
Nursing Home Support Service (NHSS)-		Niki Shaw
Somerset Health Protection Assurance Report		Trudi Grant/Alison Bell
Dementia report		Kate Williams
MTFP report		Mel Lock
Fit for My Future (FFMF) Programme Update		Maria Heard
	04 March 2020	
Deprivation of Liberty- Report		Mel Lock
LD transformation (not just Discovery)		
Housing Strategy		Tim Baverstock
Performance report		James Hadley
	01 April 2020	
Mental Health transformation		Tim/Dave Partlow
Strategy for people with physical disability		Mel Lock
	06 May 2020	
	03 June 2020	
	09 July 2020	
	09 September	
	07 October	
	12 November	
	02 December	

Scrutiny for Adults and Health Work Programme – December 2018

Note: Members of the Scrutiny Committee and all other Members of Somerset County Council are invited to contribute items for inclusion in the work programme. Please contact Lindsey Tawse, Democratic Services Team Leader, who will assist you in submitting your item. ltawse@somerset.gov.uk 01823 355059. Or the Clerk Jennie Murphy on jzmurphy@somerset.gov.uk

Add to 2020 Work Programme:-